

Syracuse University Science and Technology Entry Program (STEP) 2024-2025 New Student Application

To be eligible for the STEP program, the student must have been a resident of NY State for at least 12 months prior to application and must be enrolled in grade 7-12 for the 2024-2025 academic year.

Be sure to complete **all required sections** of this application before submitting it to the STEP office. Failure to do so will delay their acceptance notification.

This form can be completed electronically. Please print the completed application and verify **that all pages are signed** before submitting to the STEP office.

Application Checklist

- Student Application Form** including all signatures and email addresses
- Student Authorization for Disclosure of Educational Information**
 - Ensure all 3 check boxes are marked in the top section
 - Ensure the student's school name is entered
 - Parent/Guardian Signature
- Student Questionnaire** (all questions answered)
- Informed Consent Form** including all signatures
- STEP Program Contracts and Agreements** including all signatures
- Attach an **Official Copy of Student's Grades** – Provide either the student's academic transcript or a copy of student's final report card for school year ended June 2024.

Students new to the SU STEP Program may be required to complete additional items such as an income verification form or student recommendation forms. The STEP Program will contact you to request any of this additional information.

--

Applications are reviewed on a rolling basis and can be submitted by email, fax, or regular mail:

Email: soestep@syr.edu

Fax: (315) 443-5683

Mail to: Science & Technology Entry Program (STEP)
419 Sims Hall, Syracuse, NY 13244

Student Application Form

Section 1: Student Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Primary Phone Number: _____ Date of Birth: _____

Grade (as of Sept 2024): _____ Gender: _____

Ethnicity (select all that apply): _____ T-shirt Size: _____

Hispanic/Latino

American Indian/Native Alaskan

Black/African American

Native Hawaiian/Pacific Islander

Asian (except Pacific Islander)

White/Caucasian or Other

New York State resident? Yes No If yes, since when? _____

Country of Birth (if other than USA): _____

Permanent Resident/Alien? Yes No If yes, registration number: _____

Does the student have any accessibility/accommodation requirements? If yes, describe:

Section 2: Contact Information (ALL email addresses are required!)

Student Cell Phone: _____ Student Email Address: _____

Parent/Guardian 1 Name: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian 2 Name: _____

Cell Phone: _____ Email Address: _____

Section 3: Emergency Contact Information

Name: _____

Cell Phone: _____ Email Address: _____

To Parents/Guardians: Your signature on this application signifies that all the information given in this application is accurate and complete to the best of your knowledge in accordance with Federal and State regulations.

Parent/Guardian Signature Date

Student Signature Date

Student Authorization for Disclosure of Educational Information

Student Name: _____ Grade (as of Sept 2024): _____

I am the person legally responsible for the above named individual and I authorize the Science and Technology Entry Program at Syracuse University to

Obtain information from: _____
(specific school in Onondaga County)

Release information to: Syracuse University Science and Technology Entry Program
419 Sims Hall, Syracuse NY 13244

I hereby authorize the disclosure of educational information between the Science and Technology Entry Program (STEP) and the School district indicated above, in accordance with the Family Educational Rights and Privacy Act (FERPA).

Specific information to be released or obtained includes the following confidential information necessary for educational services:

- Student standardized test scores, Grades, and Report Card Information
- Individual course communications, assignments, and interim results
- Other

This information is required for the purpose of any necessary and ongoing educational needs inclusive of evaluations and recommendations for further development.

By signing below I am stating that:

- I understand the information disclosed, as permitted by this authorization, will not be re-disclosed by the receiving entity (and/or its affiliates). I do understand that local, state, and federal laws do exist to protect the confidentiality of this information.
- I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the STEP Office.
- I authorize the periodic, on-going disclosure of the above information. This authorization expires one year after date of signing or at disenrollment from services, whichever comes first. Re-authorization will be obtained after one year if information is still needed.

Parent/Guardian Name: _____

Parent/Guardian Signature Date

